

O I P E
AUG-16-2004 16:23

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416 865 7380 P.05

AUG 16 2004

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 06/30/2004

JOHN C. HUNT
TORY'S LLP
SUITE3000, 79 WELLINGTON STREET WEST
BOX 270, TORONTO-DOMINION CENTRE
TORONTO, M5L1A9
CANADA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<i>John Hunt</i>	(Depositor's name)
<i>Johh Hunt</i>	(Signature)
<i>August 16, 2004</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/668,482	09/25/2000	P. Martin Petkovich	57600/00035	3039

TITLE OF INVENTION: RETINOID METABOLIZING PROTEIN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	09/30/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
SLOBODYANSKY, ELIZABETH	1652		435-069700		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

QUEEN'S UNIVERSITY AT KINGSTON
KINGSTON, ON CANADAPlease check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

 Issue Fee Publication Fee Advance Order - # of Copies _____

4b. Payment of Fee(s):

 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

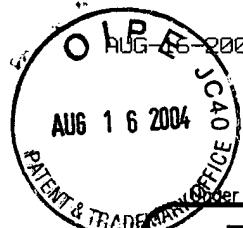
John Hunt (36,424) (Date)
Aug 16/04

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1330.00)

Complete If Known

Application Number	09/668,482
Filing Date	September 25, 2000
First Named Inventor	Petkovich et al.
Examiner Name	E. Slobodyansky, Ph.D.
Art Unit	1652
Attorney Docket No.	32391-2005

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number

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Charge fee(s) indicated below Credit any overpayments
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 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$ 0.00)			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims below	Fee from below	Fee Paid
			-20" =	X	
			- 3" =	X	

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	" Reissue independent claims over original patent
1205 18	2205 9	" Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$ 0.00)		

*or number previously paid, if greater. For Reissues, see above

3. ADDITIONAL FEES

Large Entity Small Entity

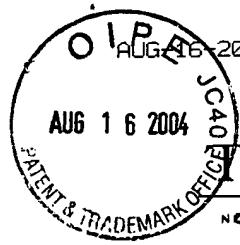
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,940*	1805 1,940*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1263 950	2263 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2265 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1603 640	2503 320	Plant Issue fee	
1480 130	1480 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 160	1806 160	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2601 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$ 1330.00)			

SUBMITTED BY

Name (Print/Type)	John C. Hunt	Registration No. (Attorney/Agent)	36 424	Telephone	416.865.8121
Signature				Date	August 16, 2004

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100856

Date August 16, 2004 **Client-Matter #** 32391-2005
From John C. Hunt, Ph.D. **Direct Tel** 416.865.8121
Page(s) 6 (including this cover page)

Recipient	Fax Number	Tel Number
United States Patent and Trademark Office <i>Mail Stop Issue Fee</i>	1.703.746.4000	

Comments**CERTIFICATE OF FACSIMILE TRANSMISSION**

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John C. Hunt, Ph.D.

Registration No. 36, 424

August 16, 2004

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AUG 16 2004

PTO/SB/21 (02-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

		Application Number	09/668,482
		Filing Date	September 25, 2000
		First Named Inventor	Petkovich et al.
		Art Unit	1652
		Examiner Name	Elizabeth Slobodyansky, Ph.D.
Total Number of Pages in This Submission	5	Attorney Docket Number	32391-2005

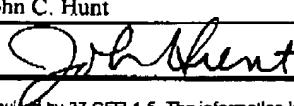
ENCLOSURES (Check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD. Number of CD(s) _____
<input type="checkbox"/> Certified Copy of Priority Document(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	
<input type="checkbox"/> After Allowance communication to Group	
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
1. Issue Fee Transmittal 2. Fee Address Indication Form	
Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Torys LLP (Customer No. 33721) John C. Hunt, Reg. No. 36,424
Signature	
Date	August 16, 2004

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Typed or printed name	John C. Hunt	Fax No. 1.703.746.4000
Signature		Date August 16, 2004

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PAGE 2/6 * RCVD AT 8/16/2004 4:15:01 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-4/6 * DNIS:7464000 * CSID:416 865 7380 * DURATION (mm:ss):02:28

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